

# REQUEST FOR PATENT FEE REFUND

1 Date of Request: 1/15/04 2 Serial/Patent # 09 575,181

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

Amendment

L Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

\$

\$

\$ 840.

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 840.

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Extension of Time filed after six-month statutory period for reply.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE:

OFFICE:

TITLE: PS.

PHONE: 308-6911

L. BOND

Office of Patents

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED:

DATE:

1/14/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B